

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90001 028 ****61.25

DOCUMENT # N01000000343

1. Entity Name
ABBA FATHER MINISTRIES, INC.



Principal Place of Business
9808 WAYNBORO AVE.
JACKSONVILLE, FL 32208

Mailing Address
8050 N W 24TH AVENUE
MIAMI, FL 33147

54057898

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2. Principal Place of Business
9808 Waynesboro ave
Suite, Apt. #, etc.

3. Mailing Address
9808 Waynesboro ave.
Suite, Apt. #, etc.

06162004 Chg-NP CR2E037 (10/03)

City & State
Jacksonville FL Jacksonville FL

Zip Country
32208 USA 32208 USA

4. FEI Number
48-1261402
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, CASSANDRA
9808 WAYNESBORO AVE
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cassandra Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP DAVIS, CASSANDRA 9808 WAYNESBORO AVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEGGETT, LAVONIA 1752 N W 91ST STREET MIAMI, FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAIN, JESSE 9808 WAYNESBORO AVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLTON, DEBORAH 8715 NORFOLK BLVD JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAKESHA DAVIS 1717 MASON AVE APT 1413 DAYTONA BEACH FL 32117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cassandra Davis 6-16-2004 904-3745412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #